

PART 1

2ww on eRS Overview

2WW on electronic Referral Service (eRS)

- This is a simple guide to book 2ww on eRS
- Some services are directly bookable into a face to face (**DBS F2F**) appointment with a consultant
- Some services are directly bookable into a telephone slot (**DBS telemed**) to speak to a consultant or navigator first, so that patients might move direct to investigation (as determined by the service) before their outpatient appointment (OPA)

- NICE guidance for suspected cancer referrals have altered in 2015 and are more complicated.
- The referral criteria have changed and some depend on outcomes of primary care investigations and examination arranged by the GP (eg DRE, PSA, FBC, CA125, USS, CXR and frailty)
- The pathways within each service have been modified to allow patients rapid access to the most appropriate specialist investigations to rule cancer in or out and in some cases patients may go direct to investigation (e.g. colorectal)

- To aid with these complications proformas have been developed with all the information (and guidance) for each specialty.
- The proformas are also very important to determine which route a patient is directed down within a specialty especially in those services which will use **DBS telemed**
- The proformas are also useful as an aide memoire to the GP when thinking about whether patients should be referred via 2ww

The Process

- Once the GP has decided they need to refer a patient via 2ww they need to complete the 2ww proforma
- As these are complicated they do need to be completed by a clinician and the appropriate findings and investigations recorded as the information on the proforma will determine the route a patient takes
- This is quality issue for the patient as it determines the speed patient are able to progress through the pathways

- If data has been READ coded in emis Web most of it will be pulled through into the proforma automatically
- Due to a glitch in emis Web, the proformas which are MS Word forms only work fully if filled in, outside the emis web referral module (ie fill in as a document in consultation mode) and when using eRS they can be added as an attachment

- It is very important that the patient has been told that they are being referred **to rule out CANCER** and they need to be available within 2 weeks of the appointment being made and for the next 9 weeks after.
- It is important contact details for the patient are correct including telephone numbers
- Proformas need to be attached within 24 hours of the referral being made
- Patients need to be available to go to the **JR/Churchill or the Horton hospital**

- IT IS BEST PRACTICE DUE TO THE IMPORTANCE OF THE 2ww pathway that the appointment on eRS is made before the patient leaves the practice either by the GP or their administrator.
- The appointment could be arranged without the patient being present on their behalf e.g. by an administrator as long as they have left details of when they are not available in the next 2 weeks, or on the telephone to the patient. The administrator can then let the patient know the date and time of the appointment in the usual way

- If a patient is not available in the next 2 weeks (eg going on holiday) and they are aware of the importance of the referral to rule out cancer, the **referral must be deferred** until the patient is back and available
- If the patient is making the appointment themselves (**not recommended**) they need to know the process will not happen until they have booked the appointment and explain clearly how they make the appointment (using **web** or **national telephone appointment line (TAL)**).

- If the patient is making the appointment, the practice will need to monitor that the appointment has been made and chase the patient if it has not been